



**TOWN OF LOS GATOS  
COMMUNITY DEVELOPMENT DEPARTMENT**

110 E. Main Street  
Los Gatos, CA 95030

**APPEAL OF THE DECISION OF  
HISTORIC PRESERVATION COMMITTEE**

**PLEASE TYPE or PRINT NEATLY**

I, the undersigned, do hereby appeal a decision of the HISTORIC PRESERVATION COMMITTEE as follows:

DATE OF DECISION: \_\_\_\_\_

PROJECT/APPLICATION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

LIST REASONS WHY THE APPEAL SHOULD BE GRANTED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(If more space is needed, attach additional sheets.)

**IMPORTANT:**

1. APPEAL **MUST** BE FILED WITHIN TEN (10) DAYS AFTER THE DATE OF MAILING OF WRITTEN NOTIFICATION OF THE DECISION.
2. THE APPEAL SHALL BE SET FOR THE FIRST REGULAR MEETING OF THE PLANNING COMMISSION WHICH THE BUSINESS OF THE PLANNING COMMISSION WILL PERMIT, MORE THAN FIVE (5) AFTER THE DATE OF THE FILING OF THE APPEAL. THE PLANNING COMMISSION MAY HEAR THE MATTER A NEW AND RENDER A NEW DECISION IN THE MATTER.
3. YOU WILL BE NOTIFIED, IN WRITING, OF THE APPEAL DATE.
4. CONTACT THE PROJECT PLANNER TO DETERMINE WHAT MATERIAL IS REQUIRED TO BE SUBMITTED FOR THE PUBLIC HEARING.

**RETURN APPEAL FORM TO COMMUNITY DEVELOPMENT DEPARTMENT**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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**OFFICE USE ONLY**

DATE OF PLANNING COMMISSION HEARING: \_\_\_\_\_

COMMISSION ACTION:	1. _____	DATE: _____
	2. _____	DATE: _____
	3. _____	DATE: _____

No Appeal Fee for the decision by the Historic Preservation Committee.